

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA		FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 406 Enterprises LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2016	
Mailing Address PO Box 75727		Amount 24500.00	
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4330
Purpose of Expenditure Digital advertising: placement cost (also opposes John Delaney)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2016
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee 406 Enterprises LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2016	
Mailing Address PO Box 75727		Amount 1000.00	
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4331
Purpose of Expenditure Digital advertising: production cost (also opposes John Delaney)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2016
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Red Maverick Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2016		
Mailing Address 403 N. Second St. Fl. 2			Amount 23528.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4332		
Purpose of Expenditure Direct mail (also opposes John Delaney)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016		
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought 827507.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Red Maverick Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016		
Mailing Address 403 N. Second St. Fl. 2			Amount 21365.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4334		
Purpose of Expenditure Direct mail (also opposes John Delaney)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016		
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought 848872.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44893.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	70393.00

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Joel Riter

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